DATE OF	INTERVIEW			T
		MONTH	DAY	YEAR

INTERVIEWER	ID #	
THILLIATEMEN	ID T	

MEDICATIONS SUPPLEMENT SIX MONTH QUESTIONNAIRE

Card 04

9-10

	1	3 - 5		6-7	8
ID #			FORM	1 2 V	2

ENTER RESPONSES TO C2 THROUGH C6 ON MEDICATION TABLE BELOW.

- C2. Please tell me the names of all these medications. SPECIFY BRAND NAME FOR ASPIRIN AND OTHER ANALGESICS. ASK C3 THRU C6 FOR A MEDICATION BEFORE ASKING ABOUT THE NEXT MEDICATION.
- C3. What was your usual dosage for (MEDICATION NAME)?
- C4. How often did you take this medication?
- C5. Is this a prescription medication?
- C6. How many days or weeks did you take this medication during the last three months?

WHEN TABLE IS COMPLETED, PROBE: Is there any other medication you took during the past three months? IF YES, ENTER ON TABLE; IF NO, END QUESTIONNAIRE.

101						
C2 MEI	DICATION NAME	C3	DOSAGE	C4 SCHEDULE	C5 PRESCRIPTION?	C6 TIME TAKEN
11-14	OFFICE CODE	15-18	OFFICE CODE	19 X DAY 20 X WEEK	YES1 NO2	22-23 DAYS 24-25 WEEKS
26-29	OFFICE CODE	30-33	OFFICE CODE	34 X DAY 35 X WEEK	YES1 NO2	37-38 DAYS 39-40 WEEKS
41-44	OFFICE CODE	45-48	OFFICE CODE	49 X DAY 50 X WEEK	YES1 NO2	52-53 DAYS 54-55 WEEKS
56-59	OFFICE CODE	60-63	OFFICE CODE	64 X DAY 65 X WEEK	YES1 NO2	67-68 DAYS 69-70 WEEKS
71-74	OFFICE CODE	75-78	OFFICE CODE	79 X DAY 80 X WEEK	YES1 NO2	82-83 DAYS 84-85 WEEKS
86-89	OFFICE CODE	90-93	OFFICE CODE	94 X DAY 95 X WEEK	YES1 96 NO2	97-98 DAYS 99-100 WEEKS

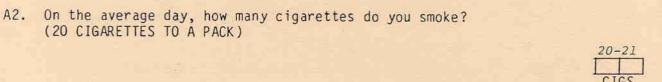
EARLY PREGNANCY STUDY SIX-MONTH QUESTIONNAIRE

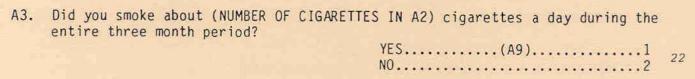
Card 01

19

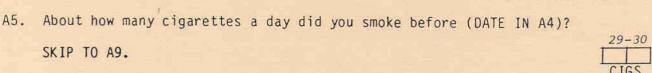
ID# 1 3 - 5	FORM	6 - 7	V 2
NAME OF INTERVIEWE	R		
INTERVIEWER ID	1-12	15 16	17 10
DATE OF INTERVIEW	13-14 MONTH	15-16 DAY	17-18 YEAR

SECTION A. TOBACCO UPDATE	
Al. Are you currently smoking cigarettes?	YES(A6)

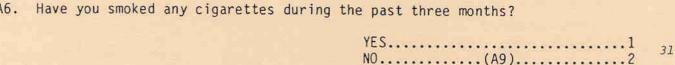


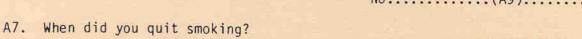


On what date did you begin to smoke (NUMBER OF CIGARETTES IN A2) cigarettes A4. a day? 23-24 25-26 27-28 MONTH DAY YEAR

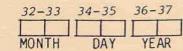








A6.



About how many cigarettes a day did you smoke during the last three months? A8. (20 CIGARETTES TO A PACK)



17100	
A9.	Did you smoke any marijuana during the last three months?
	YES
A10.	How many times did you smoke marijuana during the last three months? $\frac{41-42}{\text{TIMES}}$
A11.	Did your (husband/partner) smoke any cigarettes during the past three months? YES
A12.	In order to provide us with a computer link for all of our documents, would you please tell me your date of birth again? $44-45 46-47 48-49$ $MONTH DAY YEAR$

40

43

SECTION B. BEVERAGE UPDATE

Now I'm going to ask you some questions about the beverages you drink. RECORD RESPONSES ON BEVERAGE TABLE BELOW. RECORD ALL INFORMATION ON EACH BEVERAGE BEFORE GOING ON TO THE NEXT BEVERAGE.

B1. During the past three months, how many (READ BEVERAGE AS SPECIFIED ON CHART) did you drink on a daily, weekly or monthly basis? IF "NONE" OR "NEVER DRINK", CODE ZERO IN NONE-FREQUENCY COLUMN ON BEVERAGE TABLE AND ASK FOR NEXT BEVERAGE. USE THE COMMENTS COLUMN FOR RESPONSES THAT DO NOT FIT THE PRECODED TABLE.

BEVERAGE TABLE

-			B1 FF	REC	QUEN	CY			
	BEVERAGE	NONE	DAILY		WEEKLY		MONTHLY		COMMENTS
	cups of brewed caffeinated coffee	50	51 - 5	52	53	- 54	55	- 56	
6	cups of instant caffeinated coffee	. 57	58 - 5	59	60	- 61	62	- 63	
	cups or glasses of non- herbal hot or iced tea	64	65 - 6	56	67	- 68	69	- 70	
	Of the following soft drinks (SHOW CARD)	71	72 - 7	73	74	- 75	76	- 77	
	12 oz. bottles or cans of beer	78	79 - 8	80	81	- 82	83	- 84	
	4 oz. glasses of wine	85	86 - 8	87	88	- 89	90	- 91	
W. C. Line	1½ oz. shots of hard liquor	92	93 - 9	94	95	- 96	97	- 98	

C1.	Have you	taken any prescription or non-prescription medications,	including
	aspirin,	digestive aids, vitamins or injections during the past t	three months?

ENTER RESPONSES TO C2 THRU C6 ON MEDICATION TABLE BELOW.

- C2. Please tell me the names of all these medications. SPECIFY BRAND NAME FOR ASPIRIN AND OTHER ANALGESICS. ASK C3 THRU C6 FOR A MEDICATION BEFORE ASKING ABOUT THE NEXT MEDICATION.
- C3. What was your usual dosage for (MEDICATION NAME)?
- C4. How often did you take this medication?
- C5. Is this a prescription medication?
- C6. How many days or weeks did you take this medication during the last three months?

WHEN TABLE IS COMPLETED, PROBE: Is there any other medication you took during the past three months? IF YES, ENTER ON TABLE; IF NO, END QUESTIONNAIRE.

-							
1	8-2. 1880	ICATION NAME	C3	DOSAGE	C4 SCHEDULE	C5 PRESCRIPTION?	C6 TIME TAKEN
The second	12-15	OFFICE CODE	16-19	OFFICE CODE	20 X DAY 21 X WEEK	YES1 NO2	23-24 DAYS 25-26 WEEKS
	27-30	OFFICE CODE	31-34	OFFICE CODE	35 X DAY 36 X WEEK	YES1 NO2 ³⁷	38-39 DAYS 40-41 WEEKS
	42-45	OFFICE CODE	46-49	OFFICE CODE	50 X DAY 51 X WEEK	YES1 NO2	53-54 DAYS 55-56 WEEKS
	57-60	OFFICE CODE	61-64	OFFICE CODE	65 X DAY 66 X WEEK	YES1 NO2	68-69 DAYS 70-71 WEEKS
	72-75	OFFICE CODE	76-79	OFFICE CODE	80 X DAY 81 X WEEK	YES1 NO2 ⁸²	83-84 DAYS 85-86 WEEKS
1	87-90	OFFICE CODE	91-94	OFFICE CODE	95 X DAY	YES1 NO2	98-99 DAYS 100-101 WEEKS

11

12

R1.	RESPONDENT'S COOPERATION WAS	VERY GOOD	2 3 1.
		POOR	4
R2.	THE QUALITY OF EACH SECTION OF THE INTERVIEW IS: (COMPICIRCLING THE FOLLOWING CODES).	LETE FOR EACH SECTION	
	HIGH QUALITY1 GENERALLY RELIABLE2 QUEST: UNSATISFACTORY4	IONABLE3	12
	IF CODE 3 OR 4, CODE REASON, USING CODES BELOW.		
		QUALITY REASON	
	SECTION A: TOBACCO	2 3 4	13-15
	SECTION B: BEVERAGE	2 3 4	16-18
	SECTION C: MEDICATION	2 3 4	19-21
REASO	N CODES FOR QUESTIONABLE OR UNSATISFACTORY INFORMATION (E	NTER CODE ABOVE):	
	THE MAIN REASON FOR UNSATISFACTORY OR QUESTIONABLE QUALIBECAUSE THE RESPONDENT:	TY OF INFORMATION WAS	
	DID NOT KNOW OR REMEMBER ENOUGH ABOUT THE TOPIC	01	
	DID NOT WANT TO BE MORE SPECIFIC	02	
	DID NOT UNDERSTAND OR SPEAK ENGLISH WELL	03	
	WAS BORED OR UNINTERESTED	04	
	WAS UPSET, DEPRESSED OR ANGRY	05	
	HAD POOR HEARING OR SPEECH	06	
	WAS CONFUSED OR DISTRACTED BY FREQUENT INTERRUPTIONS	07	
	WAS INHIBITED BY OTHERS AROUND HER		
	WAS EMBARRASSED BY THE SUBJECT MATTER	09	
	WAS EMOTIONALLY UNSTABLE	10	
	WAS PHYSICALLY ILL	11	
	OTHER (SPECIFY)	12	